

Non-Medical Prescription Drug Use

Targeted Consequences	Substance Use	Intervening Variables	Risk and Protective Factors	Local Contributing Factors
<p>Prescription related fatalities In 2010, the number of accidental drug overdoses in Tennessee has increased from 301 (2001) to 887 (2010).</p> <p>Prescribing Practices In 2010, 51 pills of hydrocodone for EVERY Tennessean above the age of 12; 22 pills of alprazolam (Xanax) for EVERY Tennessean above the age of 12; 21 pills of oxycodone for EVERY Tennessean above the age of 12</p> <p>Addiction Services In 2010, 8,660 Tennesseans receive treatment through private-for-profit Opioid (Methadone) Treatment Programs</p> <ul style="list-style-type: none"> • 78% of people receiving treatment at these centers are addicted to prescription drugs. • 17% are addicted to prescription drugs and heroin. • 4% report a heroin addiction only. • 21% of men (6,827) reported Rx opioids as their primary substance of abuse; 27% of women (3,403) reported Rx opioids as their primary substance of abuse; 35% of pregnant women (142) reported Rx opioids as their primary substance of abuse (TADS) 	<p>Non-medical use for 14-17 year olds In 2011, 20.27% of TN high school students reported non-medical use of prescription drugs in the last 30 days (Youth Risk Behavior Survey)</p> <p>Non-medical use for 18-25 year olds In 2010, 12.5% of TN young adults age 18 to 25 reported non-medical use of pain medication at least once in the last 30 days (SAMHSA State Est. - National Survey of Drug Use and Health)</p> <p>Non-medical use for 26 and older In 2010, 3.4% of TN adults 26 years or older reported non-medical use of pain medication at least once in the last 30 days (SAMHSA State Est. - National Survey of Drug Use and Health)</p>	<p>Lack of Policy(ies) and/or oversight</p> <p>Procedural Compliance</p> <p>Medical Access</p> <p>Non-Medical Access</p> <p>Low Perceived Risk</p> <p>Social Norms</p> <p>Enforcement</p>	<p>Community Risk - Availability of alcohol/other drugs; Community laws and norms favorable to drug use; Transitions and mobility; Low neighborhood attachment and community disorganization</p> <p>Protective - Opportunities for prosocial involvement in community; Recognition for prosocial involvement</p> <p>Family Risk - Family history of problem behavior; Family management problems; Family conflict; Favorable parental attitudes and involvement in problem behaviors</p> <p>Protective Attachment to family with healthy beliefs & clear standards; Opportunities for prosocial involvement; Recognition for prosocial involvement; Bonding to family with healthy beliefs and clear standards; Attachment to family with healthy beliefs & clear standards; Opportunities for prosocial involvement; Recognition for prosocial involvement</p> <p>School Risk Academic failure beginning in late elementary school; Lack of commitment to school</p> <p>Protective Bonding and Attachment to School; Opportunities for prosocial involvement; - Recognition for prosocial involvement; Early and persistent antisocial behavior</p> <p>Peer/Individual Risk Early and persistent antisocial behavior; Rebelliousness; Friends who engage in the problem behavior; Favorable attitudes toward the problem behavior (including low perceived risk of harm); Gang Involvement;</p>	<p>Process: Plans researched and proposed, EBP Committee reviewed and recommended, State approval</p> <p>TN definition - evidence based: Inclusion in Federal registries of evidence-based interventions; Reported (with positive effects on the primary targeted outcome) in peer-reviewed journals; or Documented effectiveness supported by other sources of information and the consensus judgment of informed experts.</p> <p>Examples: Workplace Education and Screening; Prescriber Laws and tracking method; Drug take backs and fixed locations; Awareness and Media Campaigns; Enforcement strategies; and The Comprehensive Community Model (provide information, build skills, provide support, increase barriers/reduce access, change consequences / incentives; change physical design; and change policy, rules, laws, & procedures).</p>

			Constitutional factors Protective Bonding to peers with healthy beliefs and clear standards; Attachment to peers with healthy beliefs & clear standards; Opportunities for prosocial involvement Increase in Social skills	
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Alcohol Binge Drinking

Targeted Consequences	Substance Use	Intervening Variables	Local Contributing Factors	Risk and Protective Factors	Evidence Based Practices
Alcohol related fatalities <ul style="list-style-type: none"> In 2010, 173 TN youth age 14-17 died in alcohol-related vehicle crashes (NHTSA Fatal Accident Reporting System) 2010: 515 TN young adults age 18-24 died in alcohol-related vehicle crashes (NHTSA Fatal Accident Reporting System) Driving under the influence arrests <ul style="list-style-type: none"> In 2011, 217 TN juveniles (17 or younger) were arrested for DUI (Tennessee Bureau of Investigation) In 2007, 7,214 TN young adults (18 - 24) were arrested for DUI (Tennessee Bureau of Investigation) Alcohol-related arrests <ul style="list-style-type: none"> In 2011, 411 TN juveniles (17 or under) were arrested for Public Drunkenness and 1,504 Liquor Law Violations (Tennessee Bureau of Investigation) 2011: 4,894 TN young adults (18 to 24) were arrested for Public Drunkenness and 5,474 for Liquor Law Violations (Tennessee Bureau of Investigation) 	<p>“Binge” use for 14-17 year olds In 2011, 18.67% of TN high school students reported binge drinking at least once in the last 30 days (Youth Risk Behavior Survey)</p> <p>“Binge” use for 18-25 year olds In 2011, 23% to 47% or TN young adults age 18 to 25 reported binge drinking at least once in the last 30 days (SAMHSA State Est. - National Survey of Drug Use and Health)</p> <p>“Binge” use for 26 and older In 2011, 16.5% of TN adults reported binge drinking at least once in the last 30-days (SAMHSA State Est. - National Survey of Drug Use and Health)</p>	<p>Lack of Policy(ies)</p> <p>Procedural Compliance</p> <p>Social Access</p> <p>Retail Access</p> <p>Low Perceived Risk</p> <p>Social Norms</p> <p>Enforcement</p> <p>Social Alternatives</p>	<p>Lack Policies (BAC Test Law - Drivers Killed/ Survive/ Passenger of drinking driver; Open Container Law; Social Host Law; Server/Owner Liability Law)</p> <p>Inconsistent application of existing laws and policies – Inconsistent DUI process</p> <p>Tradition , culture, right of passage (Lack of Social Host Law)</p> <p>Failure to comply with existing laws/lack of enforcement and/or consequence (Lack serving of intoxicated persons law)</p> <p>Lack of consequences real or proceeded</p> <p>Real/perceived high rate of use in peer group – culture & tradition</p> <p>Perceived lack of community support, lack of resources, laws, or procedural compliance</p> <p>Lack of alternative activities - Low connectedness to</p>	<p>Community Risk - Availability of alcohol/other drugs; Community laws and norms favorable to drug use; Transitions and mobility; Low neighborhood attachment and community disorganization</p> <p>Protective - Opportunities for prosocial involvement in community; Recognition for prosocial involvement</p> <p>Family: Risk - Family history of problem behavior; Family management problems; Family conflict; Favorable parental attitudes and involvement in problem behaviors</p> <p>Protective Attachment to family with healthy beliefs & clear standards; Opportunities for prosocial involvement; Recognition for prosocial involvement; Bonding to family with healthy beliefs and clear standards; Attachment to family with healthy beliefs & clear standards; Opportunities for prosocial involvement; Recognition for prosocial involvement</p> <p>School Risk Academic failure beginning in late elementary school; Lack of commitment to school</p> <p>Protective Bonding and Attachment to School; Opportunities for prosocial involvement; - Recognition for prosocial involvement; Early and persistent antisocial behavior</p> <p>Peer/Individual Risk Early and persistent antisocial behavior; Rebelliousness; Friends who engage in the problem behavior; Favorable attitudes toward the problem behavior (including low perceived risk of harm); Gang Involvement;</p>	<p>Process: Plans researched and proposed, EBP Committee reviewed and recommended, State approval</p> <p>TN definition - evidence based: Inclusion in Federal registries of evidence-based interventions; Reported (with positive effects on the primary targeted outcome) in peer-reviewed journals; or Documented effectiveness supported by other sources of information and the consensus judgment of informed experts.</p> <p>Examples: Workplace Education and Screening; Responsible Beverage Services (RBS) Training; Shoulder Tap/Decoy Operations; Social Marketing; and The Comprehensive Community Model (provide information, build skills, provide support, increase barriers/reduce access, change consequences / incentives; change physical design; and change policy, rules, laws, & procedures).</p>

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			family, school, community	Constitutional factors <u>Protective</u> Bonding to peers with healthy beliefs and clear standards; Attachment to peers with healthy beliefs & clear standards; Opportunities for prosocial involvement Increase in Social skills	

Tobacco Use

Targeted Consequences	Substance Use	Intervening Variables	Local Contributing Factors	Risk and Protective Factors	Evidence Based Practices
<p>Tennessee has the 4th highest incidence (new cases) rate for lung cancer nationally,</p> <ul style="list-style-type: none"> • 3rd highest among men • 11th highest among women. <p>The overall 5-year survival rate observed nationally for lung cancer is 15%, the poorest survival rate for any of the major cancers.</p> <p>Tennessee lung cancer incidence rates for White men and Black men are between 50-100% higher than the national rate.</p> <p>Tennessee's lung cancer incidence rate is 24% higher than the U.S. rate and the state's lung cancer mortality rate is 29% higher than the U.S. rate.</p> <p>Smoking is the leading risk factor for lung cancer. Tobacco smoke causes more than 9 out of 10 cases of lung cancer.</p> <p>Non-smoking spouses who live with a smoker have a 20% to 30% greater risk of developing lung cancer than do spouses of non-smokers. Non-smokers exposed to tobacco smoke in the workplace are also more likely to get lung cancer.</p> <p>Source: (http://statecancerprofiles.gov)</p>	<p>Cigarette use for 14-17 year olds In 2011, 21.67% of TN high school students reported smoking at least once in the last 30 days (Youth Risk Behavior Survey)</p> <p>Tobacco use for 18-25 year olds In 2010, 46% of TN young adults age 18 to 25 reported tobacco use at least once in the last 30 days (SAMHSA State Est. - National Survey of Drug Use and Health)</p> <p>Tobacco use for 26 and older In 2011, 35% of TN adults reported tobacco use at least once in the last 30-days (SAMHSA State Est. - National Survey of Drug Use and Health)</p>	<p>Lack of Policy(ies)</p> <p>Procedural Compliance</p> <p>Social Access</p> <p>Retail Access</p> <p>Low Perceived Risk</p> <p>Social Norms</p> <p>Enforcement</p> <p>Social Alternatives</p>	<p>Lack Policies (License to Sell Tobacco; Second Hand Smoke in home/car; Social Access Law; Seller/Owner Liability Law)</p> <p>Inconsistent application of existing laws and policies – Inconsistent sales process</p> <p>Tradition , culture, rite of passage (Lack of Social Access Law)</p> <p>Failure to comply with existing laws/lack of enforcement and/or consequence</p> <p>Lack of consequences real or proceeded</p> <p>Real/perceived high rate of use in peer group – culture & tradition</p> <p>Perceived lack of community support, lack of resources, laws, or procedural compliance</p> <p>Lack of alternative activities - Low connectedness to family, school, community</p>	<p>Community Risk - Availability of alcohol/other drugs; Community laws and norms favorable to drug use; Transitions and mobility; Low neighborhood attachment and community disorganization</p> <p>Protective - Opportunities for prosocial involvement in community; Recognition for prosocial involvement</p> <p>Family Risk - Family history of problem behavior; Family management problems; Family conflict; Favorable parental attitudes and involvement in problem behaviors</p> <p>Protective Attachment to family with healthy beliefs & clear standards; Opportunities for prosocial involvement; Recognition for prosocial involvement; Bonding to family with healthy beliefs and clear standards; Attachment to family with healthy beliefs & clear standards; Opportunities for prosocial involvement; Recognition for prosocial involvement</p> <p>School Risk _Academic failure beginning in late elementary school; Lack of commitment to school</p> <p>Protective Bonding and Attachment to School; Opportunities for prosocial involvement; - Recognition for prosocial involvement; Early and persistent antisocial behavior</p> <p>Peer/Individual Risk Early and persistent antisocial behavior; Rebelliousness; Friends who engage in the problem behavior; Favorable attitudes toward the problem behavior (including low perceived risk of harm); Gang Involvement;</p>	<p><u>Process</u>: Plans researched and proposed, EBP Committee reviewed and recommended, State approval</p> <p><u>TN definition</u> - evidence based: Inclusion in Federal registries of evidence-based interventions; Reported (with positive effects on the primary targeted outcome) in peer-reviewed journals; or Documented effectiveness supported by other sources of information and the consensus judgment of informed experts.</p> <p><u>Examples</u>: Workplace Education and Screening; Responsible Seller Services Training; Shoulder Tap/Decoy Operations; Social Marketing; and The Comprehensive Community Model (provide information, build skills, provide support, increase barriers/reduce access, change consequences / incentives; change physical design; and change policy, rules, laws, & procedures).</p>

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Suicide and Suicide Attempts

Targeted Consequences	Substance Use	Intervening Variables	Local Contributing Factors	Risk and Protective Factors	Evidence Based Practices
<p>In 2010, there were 932 successful suicides in Tennessee (Department of Health (TDOH), Policy, Planning and Assessment, Division of Health Statistics)</p> <p>In 2010, there were approximately 4,000 attempted suicides that result in emergency room visits (TDOH Office of Health Statistics)</p> <p>60% of all suicides are committed by Caucasian males 24 and 35 years of age</p> <p>20% of suicide attempts are committed by youth under 18 years of age.</p>	30% of suicides and suicide attempts in Tennessee involve the prior use of alcohol or other substances	<p>Lack of Screening</p> <p>Lack of Support</p> <p>Social Barriers (Social Norms)</p>	<p>Protocols for screening for suicide ideations in primary care sites, schools, and workplaces are lacking.</p> <p>Identification of signs and symptoms, “Hot Line” number dissemination, Suicide Detection “TIPS”</p> <p>Tradition , culture, taboos, failure to comply with existing laws for reporters</p>	<p>Community Risk</p> <p>- Availability of alcohol/other drugs; Community laws and norms favorable to drug use; Transitions and mobility; Low neighborhood attachment and community disorganization</p> <p>Protective</p> <p>-Opportunities for prosocial involvement in community; Recognition for prosocial involvement</p> <p>Family Risk</p> <p>- Family history of problem behavior; Family management problems; Family conflict; Favorable parental attitudes and involvement in problem behaviors</p> <p>Protective</p> <p>Attachment to family with healthy beliefs & clear standards; Opportunities for prosocial involvement; Recognition for prosocial involvement; Bonding to family with healthy beliefs and clear standards; Attachment to family with healthy beliefs & clear standards; Opportunities for prosocial involvement; Recognition for prosocial involvement</p> <p>School Risk</p> <p>Academic failure beginning in late elementary school; Lack of commitment to school</p> <p>Protective</p> <p>Bonding and Attachment to School; Opportunities for prosocial involvement; - Recognition for prosocial involvement; Early and persistent antisocial behavior</p> <p>Peer/Individual Risk</p> <p>Early and persistent antisocial behavior; Rebelliousness; Friends who engage in the problem behavior; Favorable attitudes toward the problem behavior (including low perceived risk of harm); Gang Involvement;</p>	<p><u>Process:</u> Plans researched and proposed, EBP Committee reviewed and recommended, State approval</p> <p><u>TN definition</u> - evidence based: Inclusion in Federal registries of evidence-based interventions; Reported (with positive effects on the primary targeted outcome) in peer-reviewed journals; or Documented effectiveness supported by other sources of information and the consensus judgment of informed experts.</p> <p><u>Examples:</u> Workplace Education and Screening; Risk Screening Tools; TIPS 50; Safe Storage of Firearms; The Comprehensive Community Model (provide information, build skills, provide support, increase barriers/reduce access, change consequences / incentives; change physical design; and change policy, rules, laws, & procedures).</p>

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